

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/856157

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	1					
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TOTAL IND.	1		1		1	
TOTAL DEP.	6		6		6	
TOTAL CLAIMS	7		7		7	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1		1	
TOTAL DEP.			6		6	
TOTAL CLAIMS	7		7		7	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS